

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>J.L.</i>		<i>6/27/00</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>61</i>	<i>6/27/00</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>dk</i>	<i>10303</i>	<i>6/21</i>

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	<i>6/27/00</i>
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3	<i>6/27/00</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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